[Date]

[Insured Name]
[Insured Address]
[City, State, Zip Code]

RE: Commercial General Liability Policy Delivery

Policy Number: [Policy Number]
Policy Period: [Start Date] to [End Date]

Dear [Insured Name/Contact Person],

Enclosed please find your Commercial General Liability insurance policy for the upcoming term. We recommend that you review this document carefully to ensure that all limits, coverages, and endorsements meet your business requirements.

Please be advised that this is an **Auditable Policy**. The premium charged at the inception of this policy is a deposit premium based on the estimated exposure base (such as payroll, gross sales, or total cost) provided at the time of application.

Upon the expiration or cancellation of this policy, an audit will be performed to determine your actual exposures during the policy period. This process may result in:

- An additional premium charge if actual exposures are higher than estimated.
- A return premium if actual exposures are lower than estimated (subject to the Minimum Premium specified in the policy).

Please maintain accurate records of your [Payroll/Sales/Subcontractor Costs] to ensure an efficient audit process at the end of the term.

If you have any questions regarding your coverage or the audit process, please contact our office at [Phone Number] or [Email Address].

Thank you for choosing [Agency/Company Name] for your insurance needs.

Sincerely,

[Name of Sender]
[Title]
[Agency/Company Name]